

MINUTES OF THE PUBLIC HEALTH COUNCIL

Meeting of September 11, 2019

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

**PUBLIC HEALTH COUNCIL
MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
Henry I. Bowditch Public Health Council Room, 2nd Floor
250 Washington Street, Boston MA**

Docket: Wednesday, September 11, 2019 - 9:00 AM

1. ROUTINE ITEMS

- a. Introductions
- b. Updates from Commissioner Monica Bharel, MD, MPH.
 - i. Update on Severe Pulmonary Disease linked to Vaping
- c. Record of the Public Health Council August 21, 2019 Meeting. **(Vote)**

2. FINAL REGULATIONS

- a. Request to promulgate amendments to 105 CMR 721.000, *Standards for Prescription Format and Security in Massachusetts*. **(Vote)**

3. PRESENTATIONS

- a. Informational presentation on the Special Commission on Local and Regional Public Health.
- b. Update on the Office of Problem Gambling Services.

The Commissioner and the Public Health Council are defined by law as constituting the Department of Public Health. The Council has one regular meeting per month. These meetings are open to public attendance except when the Council meets in Executive Session. The Council's meetings are not hearings, nor do members of the public have a right to speak or address the Council. The docket will indicate whether or not floor discussions are anticipated. For purposes of fairness since the regular meeting is not a hearing and is not advertised as such, presentations from the floor may require delaying a decision until a subsequent meeting.

Public Health Council

Attendance and Summary of Votes:

Presented below is a summary of the meeting, including time-keeping, attendance and votes cast.

Date of Meeting: Wednesday, September 11, 2019

Start Time: 9:20am **Ending Time:** 11:22am

Board Member	Attended	Record of the Public Health Council August 21, 2019 Meeting (Vote)
Monica Bharel	Yes	Yes
Edward Bernstein	Yes	Yes
Lisette Blondet	Yes	Abstained
Derek Brindisi	Yes	Abstained
Kathleen Carey	Yes	Abstained
Harold Cox	Yes	Yes
John Cunningham	Yes	Yes
Michele David	Absent	Absent
Michael Kneeland	Yes	Yes
Keith Hovan	Yes	Abstained
Joanna Lambert	Absent	Absent
Paul Lanzikos	Yes	Yes
Lucilia Prates-Ramos	Yes	Yes
Secretary Francisco Ureña	Absent	Absent
Summary	11 members present, 3 members absent	7 members approved, 3 members absent, 4 members abstained

PROCEEDINGS:

A regular meeting of the Massachusetts Department of Public Health's Public Health Council (M.G.L. c. 17, §§ 1, 3) was held on Wednesday, September 11, 2019 at the Massachusetts Department of Public Health, 250 Washington Street, Henry I. Bowditch Public Health Council Room, 2nd Floor, Boston, Massachusetts 02108.

Members present were: Monica Bharel, MD, MPH; Edward Bernstein; Lissette Blondet; Derek Brindisi; Kathleen Carey, PhD; Harold Cox; John Cunningham, PhD; Michael Kneeland, MD; Keith Hovan; Paul Lanzikos; and Lucilia Prates-Ramos.

Absent member(s) were: Michele David, Joanna Lambert, and Secretary Francisco Ureña.

Also in attendance was Margret Cooke, General Counsel at the Massachusetts Department of Public Health.

Commissioner Bharel called the meeting to order at 9:20 AM and made opening remarks before reviewing the agenda.

1. ROUTINE ITEMS

b. Updates from Commissioner Monica Bharel, M.D., MPH

Commissioner Bharel began by calling for a moment of silence for those we lost on September 11, 2001. Commissioner Bharel then highlighted some of the work that is taking place in and across the Department, including the current situation on EEE in MA and the vaping epidemic and the pulmonary disease associated with it.

EEE

Commissioner Bharel states that so far this season in Massachusetts, we have had 7 human cases of EEE and 9 confirmed cases in animals, including 8 horses and 1 goat. Mosquito season is not over, so this is a critical time for individuals to protect themselves. Please take personal protection to protect mosquito bites, including using bug spray, wearing long sleeves and pants to reduce exposed skin, and stay indoors from dusk till dawn when mosquitos are most active. That is the best protection we have. Commissioner Bharel announced that, because of above average evening temperatures, there will be another round of aerial mosquito spraying that is underway right now in areas of Middlesex, Worcester and Norfolk Counties that are at critical and high risk for EEE. As weather temperatures and equipment conditions permit, subsequent rounds of aerial spraying will include critical and high-risk communities in the counties of Bristol, Essex, Franklin, Hampden, Hampshire and Plymouth. Commissioner Bharel encouraged the public to visit the DPH website at mass.gov/EEE for the latest updates on spraying in their community. There you can see maps and risk areas as well as where the spraying is occurring. There are 36 communities now at critical risk, 42 at high risk, and 115 at moderate risk for the EEE virus in Massachusetts. We have a new infographic which we will be disseminating via social media and local public health, and encourage the public to share it amongst your networks.

Vaping-Related Pulmonary Illness

Last month we discussed the new clusters of unexplained vaping-associated pulmonary disease nationwide. The number of suspected cases is now in the hundreds. We need to fully understand the magnitude of this newly recognized illness in MA. Therefore, Commission Bharel announced that she is mandating that any possible cases of unexplained vaping-associated pulmonary illness be added to the list of required reportable diseases to the Department of Public Health (DPH) for the next 12 months. I am using my authority under state regulations to make it mandatory for clinicians to report vaping-related illnesses to the Department. As you know, last month DPH sent a clinical alert to 25,000 Massachusetts health care professionals asking them to voluntarily flag pulmonary-related illnesses associated with vaping and we are beginning to hear from clinicians about what they are seeing. This mandate today goes further than that. It provides us with the authority so that we can get a better sense of the overall burden of illness in Massachusetts and collect more detailed information. It also will allow us to provide case counts to the US Centers for Disease Control and Prevention as they continue to try to understand these illnesses and their public health impact.

National Recovery Month

Commission Bharel announced that it is National Recovery Month and that we have a new public awareness campaign starting later this month. The campaign – “My Path, My Recovery” – highlights real stories from real people and the path they took to their recovery from addiction. They mention medication, peer support and counseling and these folks encourage others to get into treatment. You will be seeing this campaign on billboards, buses, and in transit stations, convenience stores, and other locations. I think the use of real human stories of triumph over addiction is powerful and will allow others to engage in accessing treatment as well.

Another campaign re-launching this month we call “The Journey Recovery Project” that includes a variety of resources specifically to help pregnant and parenting women through milestones in their parenting and recovery. There are also resources for fathers, partners, family, and friends supporting women on their journey through treatment and recovery.

Preparedness Month

September is also Preparedness Month, marked by a proclamation from Governor Baker. Throughout the month, our Office of Preparedness and Emergency Management will be working with MEMA and the Red Cross to promote emergency preparedness.

With MEMA, we will promote preparedness strategies through our Twitter and Facebook accounts, like signing up for emergency alerts; making a family plan for emergencies and disasters; and building an emergency kit. The best time to do so is when you are not faced with an emergency. I encourage you all to take a few minutes to think about what you and your families may need in the event of an emergency, and how to best prepare.

Personnel Updates

Commissioner Bharel welcomed Dr. Kathleen Carey as the newest member to the Council. Dr. Carey holds a PhD in economics from Boston University, and is a health economist and professor at the Boston University School of Public Health. She conducts federal- and foundation-funded research on U.S. health care providers, has authored a number of papers involving patient safety, and teaches Health Economics to Masters of Public Health students at Boston University.

Mr. Lanzikos stated that in September we also experience health prevention awareness, and that there will be an event at the State House on September 23rd.

Mr. Lanzikos also shared that he attended the ribbon cutting for the new facilities in Salem at North Shore Medical Center. The hospital has expanded psychiatric services with 120 beds that are going to be in one location; a dedicated pediatric unit; a dedicated geriatric unit, and two adult units and an expanded emergency department.

Mr. Lanzikos reminded the group that Union Hospital in Lynn consolidated their inpatient acute services and the emergency room services at the campus at Salem State. In the past, there was a discussion about closing down the ER in Lynn and turning that into urgent care, with the traumatic cases transported to the ER in Salem. Mr. Lanzikos asked hospital official how that's been going and was told that it has been going remarkably well.

With no further questions or comments, the Commissioner proceeded with the docket.

1. ROUTINE ITEMS

c. Record of the Public Health Council August 21, 2019 Meeting (Vote)

Commissioner Bharel asked if any members had any changes to be included in the August 21, 2019 meeting minutes. There were no changes.

Commissioner Bharel asked for a motion to accept the minutes. Motion to accept minutes, Dr. Bernstein made the motion and Dr. Cunningham seconded it. Ms. Blondet, Ms. Brindisi, Ms. Hovan, and Dr. Carey abstained. All other present members approved.

2. Final Regulations

a. Request to promulgate amendments to 105 CMR 721.000, *Standards for Prescription Format and Security in Massachusetts*. (Vote)

Commissioner Bharel invited Jim Lavery, Director of the Bureau of Health Professions Licensure, Lauren Nelson, Director of Policy and Regulatory Affairs for the Bureau, Dave Johnson, Director of the Bureau's Drug Control Program, and Rebecca Rodman, Deputy General Counsel, to the table to request approval of changes to the Department's prescription format and security requirements.

Upon the conclusion of the presentation, the Commissioner asked the Council if they had any questions.

Dr. Kneeland asked if the amendments exclude Schedule VI from all these requirements.

Ms. Nelson said that that was correct.

Dr. Kneeland said that the state labeling Schedule VI controlled substances isn't the vernacular that clinicians would use.

Ms. Rodman stated it's labeled that way in the statute so it is language we need to use in the regulation. But we will make sure that in our outreach we are using language clinicians will understand.

Mr. Lanzikos asked that when there is a prescription that requires an attachment, what's the process of transmitting the attachment in e-prescribing.

Ms. Nelson stated that it depends on the attachment. Some attachments are able to be transmitted electronically and some are not. If they are not, it would need to be a written prescription with the attachment physically attached.

Mr. Lanzikos asked relative to the three-years extension to initiate e-prescribing in nursing facilities, is there are going to be any additional safeguards, especially for Schedule II drugs, outside of the e-prescribing process. There have been several incidents of facility personnel illegally using those drugs.

Ms. Rodman stated that that kind of diversion typically happens outside of the prescribing and dispensing process. E-prescribing is largely about diversion from the point of sending the prescription to the pharmacy. For nursing homes, there isn't as much risk in that regard.

Mr. Lanzikos stated that if you don't use an e-prescription, you would not be able to identify when a patient's clinical or diagnostic condition doesn't really warrant the drug prescribed.

Mr. Lavery stated the Drug Control Program addresses the security and storage of drugs. But the appropriateness of the prescription itself would be determined by the prescriber and those caring for the patient.

Commissioner Bharel stated that all of the criteria that are in place around facilities counting controlled substances, and reporting when there is a discrepancy, will stay in place.

Ms. Rodman stated that the pharmacist still has an obligation to ensure that the prescription is valid.

Dr. Cunningham asked a technical question about the Schedule II medications in emergency situations. It says here that you moved the information to a new section .065. But below that it says you deleted section .065.

Ms. Nelson stated that we just reversed what we did initially in the pre-comment version of the regulation.

Mr. Lanzikos asked how the Department will be introducing these regulations into the education of future authorized prescribers, while they are in medical or dental school.

Dr. Kneeland stated that in years 3 and 4 of medical school, during clinical rotations, students are introduced to the proper procedures pertaining to prescribing medications and that students will be adequately prepared for such regulations.

Mr. Lavery stated that through the guidance they will be putting out, as well as the webinars and seminars, we will be able to inform the schools exactly how the regulation should be interpreted, and they, in turn, would be sharing this with the students during their 3rd and 4th year.

With no further questions, Commissioner Bharel asked if there was a motion to approve the proposed amendments to the regulations. Ms. Prates-Ramos made the motion. Dr. Bernstein seconded. All approved.

3. Presentation

a. Information presentation on the Special Commission on Local and Regional Public Health

Commission Bharel stated that at their July meeting, Dean Cox provided an update on the status of the Special Commission on Local and Regional Public Health's work. She then invited Ron O'Connor, the Director of the Office of Local and Regional Health, to the table to discuss in detail the Special Commission's work and to walk through some of their recommendations.

Upon the conclusion of the presentation, the Commissioner asked the Council if they had any questions or comments.

Mr. Brindisi stated that the Mass municipal association (MMA) has an annual conference in January and that this would be a great presentation to give to our elected bodies. He discussed the disconnect between the administrators that are driving the annual budget and what is happening at a local level as it relates to public health.

Mr. Brindisi asked how many of those municipalities that are engaged in shared services are appointed boards of health and how many are elected. He hypothesized that the vast majority would be appointed boards of health as the elected boards of health try to maintain their autonomy and authority as much as possible. It might be a good academic exercise to determine if one of the barriers to entering into shared services agreements is governance structure.

Mr. O'Connor stated Dean Cox provided their office with a student from the BU school of public health. I think that exercise you just identified would be a useful one for her to be involved in.

Dean Cox highlighted the advocacy activity happening by the Massachusetts Public Health Association in regards to funding and resources.

Ms. Blondet asked if there is a relationship between those municipalities that have coordinated services and their ability to meet the standards.

Mr. O'Connor stated that the focus is first to bring those communities that don't have the capability to carry out their statutory duties into inter-municipal agreements for shared services.

Ms. Blondet asked where the funding was coming from.

Mr. O'Connor said it is coming from the state budget, about \$500,000.

Dr. Bernstein asked how local health departments would fund this.

Ron stated that the local health departments use the municipal tax base, and also to the extent to that they can, state local aid. But for the most part it's local revenue.

Dr. Bernstein asked how to create equity in areas that are underfunded.

Mr. O'Connor said that they have some of that data but will also be asking applicants about it as part of the RFR process for shared services. The funding that we have through the budget will allow some of those municipalities to get started, but this isn't long-term funding. That funding is intended to build capacity with a goal to maintain self-sustaining districts.

Dean Cox stated that we may be the only state that does not provide funding from state revenues for local public health. The small amount of dollars that we have will give some communities the ability to get started, but it's not a long-term solution.

Ms. Blondet recommended that a requirement of a RFR could be the development and maintenance of capacity within the group of municipalities sharing functions.

Dr. Bernstein stated that lack of resources in one community can affect many communities and suggested that this could be a good place to start, with taxpayers willing to invest in local infrastructure.

Commissioner Bharel said that the issue of equity was a thread throughout their discussions at the Commission.

Mr. Lanzikos stated that the notion of shared services is critically important in an era of ever-constrained resources.

Mr. Lanzikos asked if there are any states that have local health under state control, with regional offices staffed by state employees.

Mr. O'Connor stated that some states are decentralized, like Massachusetts. They tend to be in the Northern part of the country. And there are those that are centralized and carried out by regional and district health departments, and some states are a bit of a mix.

Mr. Lanzikos said that the not-for-profit agency that he runs merged with Elder Service of Merrimack Valley, on July 1st, because we felt it was much better for us to join forces and to maximize services.

Mr. Hovan said that the best way for people to embrace these recommendations is to provide data. He asked if they had any post-implementation surveys to determine the impact in those communities where those recommendations are embraced.

Mr. O'Connor stated there is data from the National Center for Shared Public Health Services as well as data from the public health district incentive grant in 2009 that funded the creation of 5 public health districts. We took the lessons learned from that and shared it with the Commission.

Mr. Hovan said that it would be great, after we made the \$500,000 investment, to measure whether it was effective use of the money.

3. Presentation

b. Update on the Office of Problem Gambling Services

Commissioner Bharel invited Victor Ortiz, Director of the Office of Problem Gambling Services, to the table to update the Council on the work his office is doing.

Upon the conclusion of the presentation, the Commissioner asked the Council if they had any questions or comments.

Commissioner Bharel stated that she has spoken to the Council many times about the DPH house. The Office of Problem Gambling Services is relatively new and is a concrete example of taking those principals and moving them forward to see how they can impact the work that we do.

10:45am Dr. Kneeland and Dr. Cunningham leaves.

10:47am Keith Hovan leaves

10:50am Dr. Cunningham and Keith Hovan returns

Mr. Lanzikos asked Mr. Ortiz about his educational and training background.

Mr. Ortiz stated that he is a social worker by trade and a licensed alcohol and drug counselor. I've been doing this work for 28 years.

Mr. Lanzikos asked which school he attended.

Mr. Ortiz stated that he attended the Simmons School of Social Work.

Mr. Lanzikos asked what the program's plan is for addressing the older adult population and lottery sales.

Mr. Ortiz stated that there is a lot of anecdotal sentiments around older adults but that the data doesn't speak to that whole heartedly. The Mass Gaming Commission just started a targeted research project that is focusing on older adults in the southeast in order to understand the data better and create an appropriate public health response. He said that the director of the lottery sits on their Public Health Trust Fund Executive Committee.

Dr. Carey said that there seems to be a lot of parallels between alcohol abuse and problem gambling. She asked at what point does gambling become a problem and how do you identify problem gamblers.

Mr. Ortiz stated that gambling is a hidden addiction. He highlighted the importance of screening at all points of contact with individuals that we identify as high risk. The manifestation of this disorder is when people are taking more time, or taking additional risks, which is very common in addiction.

Ms. Blondet asked about the Public Health Trust Fund.

Mr. Ortiz stated that each Category 1 casino is taxed 5% of on their gross gaming dollars and that money goes into the Public Health Trust Fund.

Ms. Blondet asked how much money is in the Trust.

Mr. Ortiz said that it is estimated that the Trust will generate 10 to 12 million dollars a year. The legislation calls for up to 3 resort-style casinos, and we currently only have two in the Commonwealth.

Ms. Blondet asked what those funds will be used for.

Mr. Ortiz said that most of those funds will come to DPH for the programmatic initiatives that he laid out in his presentation. And a percentage of the money will go towards research that will monitor social and economic impacts.

Mr. Ortiz stated that DPH works in partnership in the Massachusetts Gaming Commission to think critically about the utilization of these dollars.

Dr. Bernstein said that public health is profiting from this industry, and asked how can we reconcile that. He wondered whether the money is enough to offset the actual cost to society, in regards to lost jobs and health care.

Mr. Ortiz stated that the Program is setting the foundation to look into some of those aspects and that we have a really progressive public health response.

Dr. Bernstein asked what have we learned through the work on gambling that can be applied towards the education and engagement of those individuals with substance use disorders.

Mr. Ortiz stated that we continue to elevate the common risk factors and must put programmatic strategies into place to elevate the protective factors. From our engagement, we see that those engaged in substances don't always see gambling as an issue. A lot of people in recovery will substitute one addiction for another.

Ms. Prates-Ramos stated concern about the lack of data regarding the older population of problem gamblers.

Mr. Ortiz stated that there is data. Our data shows that although older adults are exposed to gambling, we don't see it as manifesting as a problem. The councils on aging in the southeast are coming together to see what might be there, to make sure we are allocating our resources the right way.

Ms. Prates-Ramos suggested that this information be presented and the Massachusetts Council on Aging conference in October.

Mr. Lanzikos asked if there are safeguards in legislation that will protect that 5% slice or might the money get siphoned off for other purposes.

Mr. Ortiz stated that he doesn't believe there are any safeguards. We want to continue to drive outputs and outcomes so we can continue to talk about the value of this work.

With no further presentations, the Commissioner reminded the Council that the next meeting is Wednesday, October 16, 2019 at 9AM. Commissioner Bharel also reminded the group that we will be officially celebrating with the PHC our 150th anniversary in October.

She then asked for a motion to adjourn. Ms. Prates-Ramos made the motion, Mr. Lazinkos seconded it. All present members approved.

The meeting adjourned at 11:22AM.